

From: Office OF Women's Health <owh@cdc.gov>

To:

Subject: April 2002 Women's Health Update from the CDC/ATSDR

Date: Mon, 29 Apr 2002 20:06:46 -0400

Save the Date!! CDC/ATSDR Women's Health Conference, October 7-9, 2002, Atlanta, Georgia.

What's new at the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR)? See below for women's health-related information. This service is provided by the CDC/ATSDR Office of Women's Health. To subscribe, unsubscribe, or change your email address, email us at [owh@cdc.gov](mailto:owh@cdc.gov).

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## ARTICLES, REPORTS AND OTHER DOCUMENTS

- 1. Prevalence of Selected Maternal Behaviors and Experiences, Pregnancy Risk Assessment Monitoring System (PRAMS), 1999

This report covers data from 1993 through 1999 and examines various maternal behaviors and experiences before, during, and after pregnancy. Areas include unintended pregnancy, late or no entry into prenatal care, smoking during pregnancy, physical abuse, breast-feeding initiation and duration, and back sleep position for infants. For surveillance during 1993-1999, the majority or all states observed increases in breast-feeding initiation, breast-feeding for at least 4 weeks, and back sleep position. Approximately one half of the states observed decreases for late or no entry into prenatal care and smoking during the last 3 months of pregnancy. Little or no progress was observed in the prevalence of unintended pregnancy or physical abuse during pregnancy. With few exceptions, the 17 states failed to meet the Healthy People 2000 objectives for the seven reported behaviors in 1999. Certain demographic and socioeconomic characteristics of women were

associated with an increased risk for several of the behaviors, including younger age, black race, less education, and receipt of Medicaid just before or during pregnancy. The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, state- and population-based surveillance system designed to monitor selected self-reported maternal behaviors and experiences that occur before, during, and after pregnancy among women who deliver a live-born infant.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5102a1.htm>

Appendix - <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5102a2.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/ss/ss5102.pdf>

## 2. Smoking Is Ugly - New Christy Turlington Poster

CDC has a new poster featuring Christy Turlington, that states "More Women Died Of Lung Cancer In The Year 2000 Than of Breast Cancer, Uterine and Ovarian Cancers Combined." and that "Smoking Is Ugly."

<http://www.cdc.gov/tobacco/christy/posternew3.htm>

## 3. Testimony of James S. Marks, M.D., M.P.H., on Women's Health

James Marks, M.D., M.P.H., Director, National Center for Chronic Disease Prevention and Health Promotion, CDC, testified on CDC efforts to improve women's health in the area of chronic disease, before the Committee on Health, Education, Labor, and Pensions, United States Senate, April 25, 2002.

<http://www.cdc.gov/washington/legislative/04252002.htm>

## 4. National Hospital Ambulatory Medical Care Survey: 2000 Emergency Department Summary

This report describes ambulatory care visits to hospital emergency departments (EDs) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics. There were no differences in rates by sex within the various age groups with the exception of the 15-24-year-old age category where females had a higher rate. From 1997 through 2000, increasing trends in visit rates for a primary diagnosis of chest pain or abdominal pain were found for women 45 years of age and over. From 1997 through 2000, ED utilization in the United States increased by 14 percent from 94.9 million to 108.0 million visits annually.

PDF document (1.4 MB) - <http://www.cdc.gov/nchs/data/ad/ad326.pdf>

## 5. Skin Cancer Module: Practice Exercises

This module was developed for students to learn more about skin cancer and epidemiology for the 2002 National Science Olympiad, Disease Detective Section. In addition to the Science Olympiad, these materials have multiple potential applications for biology, other science, and health education purposes in the classrooms of high schools and possibly some middle schools.

<http://www.cdc.gov/excite/skincancer/index.htm>

#### 6. Patterns of Prescription Drug Use in the United States, 1988-94

The NHANES III data presented here provide information on patterns of prescription drug use in the U.S. population. There are differences by sex. Among those 18 years of age and under, patterns of use are similar for both boys and girls. Among persons 19-64 years of age, 14 percent of men use 2 or more prescription drugs as compared with 24 percent of women. Among persons 65 years of age and older, 49 percent of men use two or more prescription drugs as compared with 59 percent of women. Prescription drug use also varies by whether a person reports having health insurance. Nationwide spending on prescription drugs totaled \$100 billion in 1999, more than twice what was spent in 1989. Overall, a majority (62 percent) of the U.S. population reports no prescription drug use; 18 percent use one prescription drug and 20 percent use two or more.

PDF document (246 KB) -

<http://www.cdc.gov/nchs/about/major/nhanes/databriefs/preuse.pdf>

#### 7. Racial and Ethnic Disparities in Infant Mortality Rates - 60 Largest U.S. Cities, 1995-1998

This report highlights the wide disparities in the most recent overall race- and ethnicity-specific infant mortality rates (IMRs) for the largest U.S. cities and describes key differences among those cities. Cities with the highest IMRs tended to have a larger proportion of black births (median: 57.1%, range: 36.8%-82.4%) and a smaller proportion of Hispanic births (median: 4.7%, range: 0.9%-33.5%). Conversely, cities with the lowest IMRs tended to have a smaller proportion of black births (median: 4.2%, range: 0.7%-25.0%) and a larger proportion of Hispanic births (median: 42.7%, range: 7.1%-86.0%). Highest-quartile cities had more very low- and moderately low-birthweight infants, more births to teenage mothers, more late or absent prenatal care, and more racial segregation. Cities with higher IMRs were more commonly in the Midwest, Southeast, and Northeast, and those with lower IMRs were clustered in the Pacific West and West Central regions. The findings demonstrate the need to decrease infant mortality among blacks in U.S. cities.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5115a4.htm>

PDF version (p. 329) - <http://www.cdc.gov/mmwr/PDF/wk/mm5115.pdf>

#### 8. Injury Center 10th Anniversary Events - Regional Meetings

This June, NCIPC will mark a decade of progress in addressing the public health problem of injury through partnership with a series of regional meetings in Denver, Los Angeles, Boston and Baltimore. These meetings-hosted and planned by Colorado Department of Public Health and Environment, Southern CA Injury Prevention Research Center, Massachusetts Department of Public Health, and Johns Hopkins Center for Injury Research and Policy-are designed to strengthen existing partnerships, to involve more organizations and individuals in the injury prevention movement, and to raise public awareness of the urgency of need for injury prevention in the United States.

The Injury Center and its partners invite you to join us to celebrate 10 years of community progress in reducing the toll of injury.

<http://www.cdc.gov/ncipc/anniversary/default.htm>

#### 9. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs - United States, 1995-1999

Cigarette smoking is the leading cause of preventable death in the United States and produces substantial health-related economic costs to society.

This report presents the annual estimates of the disease impact of smoking in the United States during 1995-1999. During 1995-1999, smoking caused an annual average of 264,087 deaths among men and 178,311 deaths among women in the United States. Among adults, most smoking-related deaths were attributed to lung cancer, ischemic heart disease, and chronic airways obstruction.

Smoking during pregnancy resulted in the death of 599 male and 408 female infants annually. Total annual smoking-attributable mortality estimates include the deaths of 589 males and 377 females by residential fire during 1994-1998, and the deaths of 15,517 males and 22,536 females from lung cancer and heart disease attributable to exposure to secondhand smoke.

Implementation of comprehensive tobacco-control programs could effectively reduce the prevalence, disease impact, and economic costs of smoking.

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r020412.htm>

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>

PDF version (p. 300) - <http://www.cdc.gov/mmwr/PDF/wk/mm5114.pdf>

SAMMEC site (adult and maternal-child health) -

<http://apps.nccd.cdc.gov/sammec/>

#### 10. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices

This report updates the 2001 recommendations by the Advisory Committee on Immunization practices regarding the use of influenza vaccine and antiviral agents. The 2002 recommendations include new or updated information.

Information regarding vaccinations for pregnant women are included.

Researchers estimate that an average of 1-2 hospitalizations could be prevented for every 1,000 pregnant women vaccinated.

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/rr/rr5103.pdf>

#### 11. The Houston Case-Control Study of Nearly Lethal Suicide Attempts

Suicide claims more than 30,000 Americans each year. In 1999, suicide was the sixth leading cause of death for females 10-14 years of age and the fourth leading cause of death for females 15-34 years of age. The research described in this supplement presents compelling evidence of the need to adopt a public health approach to address the problem of suicide among adolescents and young adults. Findings from the studies illustrate that the historically narrow focus of suicide research on mental illness and depression may cause us to miss other potential contributors. The findings

are published in a special supplement to the spring edition of Suicide and Life-Threatening Behavior (SLTB). SLTB is the official Journal of the American Association of Suicidology.

Press Release - <http://www.cdc.gov/od/oc/media/pressrel/r020403.htm>

Supplement -

[http://webdev.cdc.gov/ncipc/pub-res/suicide\\_supplement/suicidesupplement.htm](http://webdev.cdc.gov/ncipc/pub-res/suicide_supplement/suicidesupplement.htm)

## 12. Factor V Leiden Mutation and the Risk of Venous Thromboembolism in Pregnant Women

An E-Journal Club review from the Human Genome Epidemiology Network (HuGENeT) of the Tormene D et al article published in Haematologica 2001;86:1305-9. Includes a detailed abstraction of the article.

<http://www.cdc.gov/genomics/hugenet/ejournal/fvlmutation.htm>

## 13. Testimony of David W. Fleming, CDC, on Fiscal Year 2003 President's Budget Request

Transcript of Dr. Fleming's March 21 testimony before the House Subcommittee on Labor-HHS-Education Appropriations. Includes comments on bioterrorism preparedness, chronic disease prevention and health promotion, and buildings and facilities.

<http://www.cdc.gov/washington/legislative/03212002.htm>

## 14. Leisure-Time Physical Activity Among Adults: United States, 1997-98

This report presents selected prevalence estimates for leisure-time physical activity among U.S. adults, using data from the 1997-98 National Health Interview Survey (NHIS). About 6 in 10 adults (61.7%) engaged in at least some leisure-time physical activity, about 3 in 10 adults (30.6%) engaged in regular leisure-time physical activity, and about 2 in 10 adults (22.9%) engaged in any strengthening activities. Prevalence of leisure-time physical activity was higher for men than for women, declined with age, increased with education and income, and was lower for widowed adults than for adults in other marital status groups. Men were slightly more likely than women to engage in light-moderate and/or vigorous physical activity at least 5 times per week. Men (34.4%) were more likely than women (27.3%) to engage in any regular physical activity. Men (27.2%) were more likely than women (18.7%) to engage in strengthening activities. Women who had incomes 4 times the poverty level or more (29.3%) were 3 times as likely as women with incomes below the poverty level (9.9%) to engage in strengthening activities. Married women (60.7%) were more likely than women in any other marital status group to engage in at least some leisure-time physical activity. Women with a bachelor's degree (30.7%) and those with a graduate-level degree (32.6%) were 4 times as school diploma (7.8%) to engage in strengthening activities.

News Release - [http://www.cdc.gov/nchs/releases/02news/physical\\_activity.htm](http://www.cdc.gov/nchs/releases/02news/physical_activity.htm)

PDF document (822 KB) - <http://www.cdc.gov/nchs/data/ad/ad325.pdf>

PDF document for companion tables (493 KB) -

[http://www.cdc.gov/nchs/data/ad/tables\\_ad325.pdf](http://www.cdc.gov/nchs/data/ad/tables_ad325.pdf)

15. Alcohol Use Among Women of Childbearing Age - United States, 1991-1999

To characterize trends in alcohol use among women of childbearing age, CDC analyzed representative survey data from the Behavioral Risk Factor Surveillance System (BRFSS) during 1991-1999. This report summarizes the results of the analysis, which indicate that the rate of any alcohol use (i.e., at least one drink) during pregnancy has declined since 1995. However, rates of binge drinking (i.e., >5 drinks on any one occasion) and frequent drinking (i.e., >7 drinks per week or >5 drinks on any one occasion) during pregnancy have not declined, and these rates also have not declined among nonpregnant women of childbearing age. Pregnant women who are unmarried and older tend to have the highest rates of alcohol use. Women who drink alcohol are more likely than other women to be white, unmarried, younger, and working full time outside the home. Prenatal drinking patterns are highly predictive of alcohol use during pregnancy. Health-care providers should routinely screen women of childbearing age for alcohol use and counsel them about the adverse effects of alcohol use during pregnancy. Prenatal exposure to alcohol is one of the leading preventable causes of birth defects, mental retardation, and neurodevelopmental disorders in the United States.

Telebriefing Transcript -

<http://www.cdc.gov/od/oc/media/transcripts/t020404.htm>

Text version - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5113a2.htm>

PDF version - <http://www.cdc.gov/mmwr/PDF/wk/mm5113.pdf>

ERRATA - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a7.htm>

## UPCOMING CDC CONFERENCES

16. 2002 CDC Diabetes Translation Conference, May 6-9, St. Louis, MO

The CDC Diabetes Translation Conference 2002 will bring together a wide constituency of local, state, federal, and territorial governmental agencies, and private-sector diabetes partners. We will explore science, policy, education, and program planning and implementation and evaluation issues that will help eliminate the preventable burden of diabetes.

<http://www.cdc.gov/diabetes/conferences/index.htm#2002>

17. 2002 National Sexual Violence Prevention Conference: Research and Practice in Sexual Violence Prevention: Enhancing the Dialogue, May 28-31, Chicago, IL

The theme, "Research and Practice in Sexual Violence Prevention: Enhancing the Dialogue" aptly describes conference goals to: forge working partnerships between researchers, practitioners, advocates, and survivors; increase understanding of issues on sexual assault; bring together representatives from the public and private sector; and provide a broad



focus of expertise on programs, direct services, surveillance, research and evaluation.

<http://weblink.cdc.gov/ncipc/dvp/fivp/2002nsvp.htm>

18. The Public's Health and the Law in the 21st Century, June 18-19, Atlanta, GA

The conference will be held at the Sheraton Colony Square Hotel, 188 14th Street, NE, Atlanta, Georgia, 30361. The purpose of the conference is to improve the understanding and use of law as a vital tool to advance the public's health in the 21st century.

<http://www.phppo.cdc.gov/phlawnet/conference/>

19. 2002 Data Users Conference, July 15-17, 2002, Washington, D.C.

The conference will be held at the Omni Shoreham Hotel in Washington, DC, on July 15-17, 2002. You and other health data users will have the opportunity to meet and to discuss National Center for Health Statistics (NCHS) data collection, analysis, and dissemination activities. The 3-day conference will feature sessions on NCHS data systems and on topics of current interest. This year's meeting will also feature a series of interactive workshops on selected NCHS datasets as well as small group discussion sessions on health topics, data issues, and ways to improve NCHS products and services. Data users new to NCHS will have the opportunity to attend an overview session designed to introduce the range of NCHS data systems.

<http://www.cdc.gov/nchs/events/2002duc/invitation.htm>

20. First National Conference of the National Center on Birth Defects and Developmental Disabilities, September 17-19, 2002, Atlanta, GA.

The theme for the conference is "Honoring the Past and Framing the Future."

<http://www.cdc.gov/ncbddd/conference.htm>

21. CDC/ATSDR Women's Health Conference, October 7-9, 2002, Marriott Marquis Hotel, Atlanta, GA. Save the date!! More information to come.

22. 8th Annual Maternal/Child Health Epidemiology Conference, December 11-13, Clearwater Beach, FL

Maternal and Child Health (MCH) Epidemiology conference organizers invite you to join MCH professionals in sharing experiences, enhancing knowledge, and generating new ideas for improved MCH data use and informed policymaking. Deadline for submission of abstracts is 11:00 p.m., EST, May 3, 2002.

[http://www.cdc.gov/nccdphp/drh/02\\_mchepe.htm](http://www.cdc.gov/nccdphp/drh/02_mchepe.htm)

## HEALTH OBSERVANCES/CAMPAIGNS

23. National Arthritis Month, May



Arthritis and other rheumatic conditions currently affect nearly 43 million Americans, or about one of every six people. As the nation's population ages, arthritis is expected to affect 60 million people by 2020. Rates of arthritis are higher among women, older persons, rural populations, and those with low education or low income. The leading cause of disability in the United States, arthritis is estimated to cost almost \$65 billion annually in medical care and lost productivity. Although prevailing myths have portrayed arthritis as an inevitable part of aging that can only be endured, effective interventions are available to prevent or reduce arthritis-related pain and disability.

CDC Web site - <http://www.cdc.gov/nccdphp/arthritis/>

Arthritis Foundation Web site - <http://www.arthritis.org/>

#### 24. National Hepatitis Awareness Month, May

Hepatitis is primarily caused by infection with one of at least five different viruses, each of which has a different epidemiologic pattern of transmission, a different clinical outcome, and a different means of prevention.

CDC Hepatitis Web site -

<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

Hepatitis Foundation International Web site - <http://www.hepfi.org/>

#### 25. National Women's Health Week, May 12-18, 2002

National Women's Health Week is a national effort to raise awareness about manageable steps women can take to improve their health. The focus is on the importance of incorporating simple health behaviors into everyday life.

NWHIC Web site - <http://www.4women.gov/WHW/index.htm>

### CDC SPONSORED TRAINING/CONTINUING EDUCATION

#### 26. Effective Behavioral Interventions for HIV/STD Prevention, May 23, 2:00-4:00 pm EDT

CDC is airing a live satellite broadcast featuring four behavioral interventions: Popular Opinion Leader (POL), VOICES/VOCES, Mpowerment, and Community PROMISE. Viewers will hear from researchers on the core elements of each intervention. The broadcast will feature programs from around the country implementing the interventions in minority communities. Viewers will also receive information on how they can sign up for training and technical assistance for these interventions.

<http://www.effectiveinterventions.org/Webcast>

#### 27. The Epidemic of Obesity: Personal Choice or Environmental Consequence?, June 7, 2:00-3:00 pm EDT

To increase awareness of personal and environmental risk factors contributing to obesity; to promote traditional and nontraditional public

health partnerships; and to strengthen the public health infrastructure.  
Sponsored by the University of North Carolina and CDC.

Public Health Grand Rounds fact sheet -

<http://www.publichealthgrandrounds.unc.edu/>

#### 28. Introduction to Public Health Surveillance, June 10-14

CDC and Emory University's Rollins School of Public Health will co-sponsor a course, "Introduction to Public Health Surveillance" during June 10-14, 2002, at Emory University. The course is designed for state and local public health professionals. The course will provide practicing public health professionals with the theoretical and practical tools necessary to design, implement, and evaluate effective surveillance programs. Topics include overview and history of surveillance systems; planning considerations; sources and collection of data; analysis, interpretation, and communication of data; surveillance systems technology; ethics and legalities; state and local concerns; and future considerations. There is a tuition charge.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5116a6.htm>

#### 29. Epidemic Intelligence Service

The Epidemic Intelligence Service (EIS) is a unique two-year, post-graduate program of service and on-the-job training for health professionals interested in the practice of epidemiology. Since 1951, over 2,000 EIS Officers have responded to requests for epidemiologic assistance within the United States and throughout the world. Every year, CDC's Epidemiology Program Office selects 60-80 persons from among the nation's top health professionals to enter the EIS and pursue on-the-job training in applied epidemiologic skills--skills vital to maintenance of public health. EIS Officers continue to play a major role in the implementation of CDC's mission of preventing disease and injury and promoting healthy lifestyles. Application deadline: September 15.

<http://www.cdc.gov/epo/dapht/eis/index.htm>

#### 30. Webcast of the 2002 National STD Prevention Conference

View selected webcast sessions from the March 2002 National STD Prevention Conference held in San Diego, California, courtesy of the Kaiser Family Foundation. Selections include: STD Prevention in Societies Under Stress: A Global Perspective by Laurie Garrett; Communities Involved in STD Prevention: Responding to Sexual Behaviors and Prevention Practices with Uncommon Solutions by a panel of speakers; STD-Related Infertility Prevention in 2002 and Beyond: Bridging New Policies with Practice by Carolyn Westhoff; and Science, Politics, the Media and STD Prevention in 2002: Harmony or Discord? by George A. Strait.

Kaiser Family Foundation Web site -

[http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=496](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=496)

#### 31. Monthly Maternal-Child Health Presentations Broadcasted Live on the Web

Every month the CDC MCH Epidemiology State Assignees meet via conference call to discuss current issues and activities in their states. The next broadcast will be in Tuesday, April 30. For approximately 45 minutes to 1 hour at the beginning of each meeting, a guest speaker presents on a timely issue pertinent to MCH epidemiology. These presentations are made available live on the Internet and are archived for later use. The broadcasts are sponsored by CDC and produced by the University of Illinois School of Public Health.

University of Illinois Web site -

<http://www.uic.edu/sph/cade/mchebi/meetings/>

## GRANTS AND COOPERATIVE AGREEMENT ANNOUNCEMENTS

Below are summaries of selected CDC funding announcements. For more information about CDC Grants and Cooperative Agreements, visit

<http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

DISCLAIMER: The official source for announcements of grants and cooperative agreement opportunities is the Federal Register. The electronic version of these announcements is provided as a convenience. In the event of any conflict between the content of the electronic version and the Federal Register version, you should rely on the information in the Federal Register.

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### 32. National Cancer Prevention and Control Program [Program Announcement 02060]

The CDC announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement program for the National Cancer Prevention and Control Program (NCPC). This Program Announcement is issued in an effort to simplify and streamline the grant pre-award and post-award administrative process, measure performance related to each grantee's stated objectives and identify and establish the long-term goals of a NCPCP program through stated performance measures. This Announcement incorporates funding guidance for the following three components: the National Comprehensive Cancer Control Program (NCCCP); the National Breast and Cervical Cancer Early Detection Program (NBCCEDP); and the National Program of Cancer Registries (NPCR). Eligible applicants vary depending on the component, and include State health departments, Federally recognized Indian tribal governments and tribal organizations, and academic and nonprofit organizations.

Approximately \$178,000,000 is available in FY 2002 to fund approximately 75 awards. The level of competitiveness varies within this program announcement for each component based on whether a program is currently funded, and if funded, based on the current project period. All non-competitive applications will be reviewed by a Technical Acceptability Review process. All competitive applications for the NCCCP component will be reviewed by an

Independent Objective Review Panel. Competitive applications submitted for NBCCEDP and NPCR components will undergo a Technical Acceptability Review process for applications received from States and an Independent Objective Review for applications received from Tribes and Territories. Letter of Intent due May 15, 2002. Application due on or before June 20, 2002.  
<http://www.cdc.gov/od/pgo/funding/02060.htm>

33. Integrated, Multi-level Interventions to Improve Adolescent Health through the Prevention of Sexually Transmitted Diseases, Including HIV, and Teen Pregnancy [Program Announcement 02008]

The goal of this cooperative agreement research program is to develop, implement and evaluate interventions to prevent STD, including HIV, and pregnancy among adolescents. These interventions should be multi-level and should be integrated, interactive, and synergistic. The goal of this research program is to take a developmental approach to delivering multi-level interventions, that change over time to be age appropriate. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Approximately \$1,000,000 is available in FY 2002 to fund up to three awards. Application Deadline: June 1, 2002.

<http://www.cdc.gov/od/pgo/funding/02008.htm>

34. Public Health Conference Support Cooperative Agreement Program for HIV Prevention [Program Announcement 01025]

CDC announces the availability of funds for a cooperative agreement program for Public Health Conference Support for Human Immunodeficiency Virus (HIV) Prevention. Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. State and local health departments may apply for funding only under Category 2 (See E. Application Content). Approximately \$200,000 is available in FY 2002 to fund approximately 10 to 15 awards. Awards may range from \$10,000 to \$25,000. Letter of Intent Due Date: Cycle IV: July 19, 2002-for conferences January 1-June 30, 2003.

<http://www.cdc.gov/od/pgo/funding/01025.htm>

This service is provided by the CDC/ATSDR Office of Women's Health. To remove yourself from our email list, change your email address or to sign up for this update, email us at [owh@cdc.gov](mailto:owh@cdc.gov). For more information about CDC, go to <http://www.cdc.gov>. For more information about ATSDR, go to [www.atsdr.cdc.gov](http://www.atsdr.cdc.gov).

CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.